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PATENT

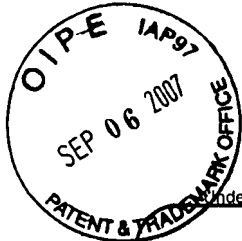
FILED IN PTO ON DATE-STAMPED HEREON

Applicant: Michel PERRICAUDET et al.
Serial No.: 10/823,682
Filing Date: April 14, 2004
Title: **MEDICINAL COMBINATION USEFUL FOR IN VIVO EXOGENIC
TRANSFECTION AND EXPRESSION**
Atty. Docket No.: EX95001-US-A
Client Matter No.: 80375.0031A
Atty./Secretary: DJK/

The following has been received in the U.S. Patent and Trademark Office on the date stamped hereon:

- ☒ Transmittal Form (1 page)
- ☒ Petition for Extension of Time (1 page)
- ☒ Credit Card Payment Form (1 page) covering ext of time
- ☒ Amendment and Reply (13 pages)
- ☒ Copy of Notification of Acceptance from parent application (1 page)
- ☒ Copy of Certified Translation of FR Priority doc (39 pages)
- ☒ Excerpt from Fundamental Immunology (5 pages)

FOR DATE STAMP REQUESTED



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/823,682
Filing Date	April 14, 2004
First Named Inventor	Michel PERRICAUDET et al.
Art Unit	1632
Examiner Name	Shin Lin Chen
Attorney Docket Number	EX95001-US-A (80375.0031A)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

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|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) (4 pages) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Copy of Notification of Acceptance |
| <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | Excerpt from Fundamental Immunology |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Customer No. 29693 | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David J. Kulik, Registration No. 36,576
Signature	
Date	Sept 6, 2007

CERTIFICATE OF TRANSMISSION/MAILING

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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